

REMARKS

It appears unfair to us to see that the examiner has considered her recent office action as final. This is because the previous office action's rejections were based on other patents and we were able to strongly overcome such objections. It is unfortunate that the examiner does not even acknowledge that we did overcome the initial rejections but she only calls them as moot because of the new grounds of rejection. Now the examiner has produced entirely different and new grounds for rejection and thus it is fair to engage in this new round without calling it final. Be that as it may, we have withdrawn claims 7-12 as demanded by the examiner.

Claims 1, 13-17 and 18-24 were rejected under 35 USC 103(a), as being unpatentable over Schachar (US-2001/0010019) in view of Lau et al (US-2003/0153949). We respectfully disagree with examiner's assertion for the following reasons:

1-Schachar (US-2001/0010019) does not disclose an apparatus for correcting retinal detachment but an apparatus to correct presbyopia by scleral expansion by a segmented band (abstract, claims 1,2,3,4,5,6,7,8,9,10,11,12,13,14, 30 and paragraphs 0025, 0037, 0038, 0040, 0043. In fact he stresses and mentions the **scleral expansion band** 35 times in his application. Ours is a scleral shrinking (compression) band to reattach a torn retina membrane from the choroid inside the eye. In fact we stress and mention shrinkage (compression) 68 times in our application and do not mention expansion even once. We challenge the examiner to contact Dr. Schachar who is a well known eye surgeon and ophthalmologist in Texas (his telephone no. is 214-695 008) to ask if his band (US-2001/0010019) can correct retinal detachment. Because he will say: no, my segmented band is for correcting presbyopia. No where in Schachar's application the phrase retinal detachment is mentioned. We are at a loss as to how the examiner is drawing such a wrong conclusion from Schachar's (US-2001/0010019) presbyopia scleral expansion band. In fact his band may cause retinal detachment because it applies an outwardly expansion force to the sclera and may cause retina to detach from the choroid inside the eye wall. The whole idea of retinal detachment buckle surgery using an encircling band with a buckle is to apply compression on the sclera and to indent it inwardly to reattach the retinal membrane to the choroid and the internal wall of the eye inside the eye.

2-His band is segmented and ours is continuous

3-His band is for expansion of the sclera outward and ours is for compression to reattach the retina to choroid inside the eye

4-Because his band is segmented he has to use grooves (220) and tongues (216) to attach the 4 segments of his band together. This is a far cry from our one piece continuous encircling band and custom made holes and pegs to place a buckle over the retinal tear region from above on the sclera. There is not a single mention of peg or snap-on or custom made in Schachar's application (US-2001/0010019). We are at a loss to see the examiner's wrong statements in these regards. Items 220 and 216 are consistently labeled by Schachar in his application as **groove and tongue** and not a custom-made snap-on buckle peg in a hole. We respectfully ask the examiner to reconsider her judgment on Schachar's application (US-2001/0010019) because that is a basis for all the ensuing rejections.

5-Regarding rejection of claim 13, Schachar in his paragraph (0044) does not talk about the custom-made buckle but the way the 4 segments of his scleral expansion band can be connected at their joints with the tongue 216 and groove 220 (Schachar para 0044, butt joint, adhesive joining, welding, lap joint or a tapered scarf joint). We do not discuss the custom-made shape of the band but only the custom-made shape of the buckle for sclera indentation and retinal reattachment.

6-Regarding rejection of claims 14-17, the examiner claims that Schachar discloses "biocompatible medical grade heat shrink materials, combination of heat shrink polymer and silicone material, polyolefin, and shape memory polymer in his paragraph (0047). We are at a loss to see these phrases in paragraph 0047. Examiner is wrong in making such references in connection with paragraph 0047 which is depicted below:

Paragraph 0047 of Schachar's (US-2001/0010019):

"[0047] The scleral band of the invention is made of a material that is sufficiently rigid to exert a force on the sclera sufficient to produce the radial expansion required by the method of the invention and that is physiologically acceptable for long-term implantation or contact- with the ocular tissues. Such materials are well-known in the surgical art and include suitable metals, ceramics, and synthetic resins. Suitable metals include titanium, gold, platinum, stainless steel,

tantalum, shape-memory alloys, and various surgically acceptable alloys, and the like. Suitable ceramics may include crystalline and vitreous materials such as porcelain, alumina, silica, silicon carbide, high-strength glasses and the like. Suitable synthetic materials include physiologically inert materials such as poly(methyl methacrylate), polyethylene, polypropylene, poly(tetrafluoroethylene), polycarbonate, silicone resins and the like. The segment may also be made of composite materials incorporating a synthetic resin or other matrix reinforced with fibers of high strength material such as glass fibers, boron fibers or the like. Thus, the segment may be made of glass-fiber-reinforced epoxy resin, carbon fiber-reinforced epoxy resin, carbon fiber-reinforced carbon (carbon-carbon), or the like. A preferred material for the segment 202 is surgical grade poly(methyl methacrylate)".

As the examiner observes from this paragraph not a single mention of **biocompatible medical grade heat shrink materials, combination of heat shrink polymer and silicone material, polyolefin, and shape memory polymer**. We respectfully ask the examiner to reconsider her rejection of these claims.

The remaining rejections of claims 18-23 are based on the heating means which with the premise that Schachar's scleral expansion band is not intended for retinal reattachment and is not made of biocompatible medical grade heat shrink materials, combination of heat shrink polymer and silicone material, polyolefin, and shape memory polymer, can be overcome. Besides all of the heating means mentioned in Hood et al (US-5634921), Woodward (US-2002/0099363), Doss (US-4381007), Berry (US-6342053) are for shrinking biological tissues such as sclera or cornea and not the band material itself. Thus these references are irrelevant to biocompatible medical grade heat shrink materials, combination of heat shrink polymer and silicone material, polyolefin, and shape memory polymer.

Rejection of claim 24 is again based on Zhou's teaching of using polyurethane as a scleral expansion band similar to Schachar's and thus is vastly different from our shrinking (compression) band to reattach retina to choroid.

Having responded to each and every rejection raised by the Examiner, it is believed that the patent application is now in condition for allowance, and such allowance is respectfully requested. If the Examiner has any questions or suggestions for expediting an allowance in this

matter, the Examiner is invited to call the undersigned collect.

The Commissioner is authorized to charge any fees or credit any overpayment under 37 CFR " 1.16 and 1.17 which may be required during the entire pendency of the application to the credit card used to pay the application fees.

Respectfully submitted,

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